PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO^{LLP}

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** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.



ΑF	or the	2021 calendar year, or tax year beginning $JUL 1, 2021$ and e	ending JU	JN 30, 2022					
B c a	heck if pplicable:	C Name of organization		D Employer identi	fication number				
	Address	SOBRATO EARLY ACADEMIC LANGUAGE PROGRAM							
	Name change	Doing business as SEAL	82-1426126	5					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone numb	er					
	Final return/	521 VALLEY WAY		(408) 256-0	247				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	7,927,966.					
	Amende return	return							
	Applica	F Name and address of principal officer: ANTA HORWITZ		for subordinate	es? Yes X No				
	pending	SAME AS C ABOVE		H(b) Are all subordinates	included? Yes No				
		mpt status: 🗴 501(c)(3) 🚺 501(c) () ◀ (insert no.) 🚺 4947(a)(1) o	or 📃 527	If "No," attach	a list. See instructions				
		SEAL.ORG		H(c) Group exempti	on number 🕨				
		organization: X Corporation Trust Association Other ►	L Year (of formation: 2017	M State of legal domicile: CA				
Pa		Summary							
¢,	1 E	Briefly describe the organization's mission or most significant activities: THE ORG	ANIZATIO	N HAS DEVELOPED	,				
ů	<u> </u>	PERATES, AND DELIVERS A ROBUST RESEARCH AND EVIDENCE-BASED A	APPROACH						
Governance	2 0	Check this box 🕨 📃 if the organization discontinued its operations or dispose	ed of more	than 25% of its net a	ssets.				
ove	3 N	Iumber of voting members of the governing body (Part VI, line 1a)							
Ō	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)							
s s	5 T	otal number of individuals employed in calendar year 2021 (Part V, line 2a)			42				
vitie	6 T	otal number of volunteers (estimate if necessary)			8				
Activities &	7a⊺	otal unrelated business revenue from Part VIII, column (C), line 12		78	a 0.				
	b١	let unrelated business taxable income from Form 990-T, Part I, line 11			o.				
				Prior Year	Current Year				
e	8 0	Contributions and grants (Part VIII, line 1h)		9,641,127	7,574,745.				
nue	9 F	Program service revenue (Part VIII, line 2g)		564,901	. 261,900.				
Revenue	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		17,355	. 91,321.				
œ	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	. 0.				
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,223,383	7,927,966.				
	13 🤆	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		193,561	. 131,473.				
	1 4 E	Benefits paid to or for members (Part IX, column (A), line 4)		0	. 0.				
ŝ	15 S	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,967,561	5,016,836.				
nse	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)		0	. 0.				
Expenses		otal fundraising expenses (Part IX, column (D), line 25)							
ш	17 0	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,439,638	. 1,722,715.				
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,600,760	6,871,024.				
	19 F	Revenue less expenses. Subtract line 18 from line 12		3,622,623	1,056,942.				
-Sec			Be	ginning of Current Year	End of Year				
Assets -	20 T	otal assets (Part X, line 16)		5,995,539					
Ass	21 T	otal liabilities (Part X, line 26)		697,204	. 1,129,773.				
Net		let assets or fund balances. Subtract line 21 from line 20	-	5,298,335	. 5,721,942.				
_		Signature Block							
Und	Inder penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is								

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date								
Here	ANYA HURWITZ, EXECUTIVE DIRECTOR										
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN							
Paid	MATTHEW PETROSKI	MATTHEW PETROSKI	05/09/23	self-employed P00853132							
Preparer	Firm's name ARMANINO LLP		Firm	's EIN ▶ 94-6214841							
Use Only	Firm's address 🕨 12657 ALCOSTA BLVD, STE.	500									
SAN RAMON, CA 94583-4600 Phone no.925-790-2600											
May the I	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No							
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) SOBRATO EARLY ACADEMIC LANGUAGE PROGRAM	82-1426126	Page 2
Pai	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: THE SEAL (SOBRATO EARLY ACADEMIC LANGUAGE) MISSION IS FOR ALL DUAL		
	LANGUAGE/ENGLISH LEARNERS IN CALIFORNIA TO LEARN, THRIVE AND LEAD.	<u> </u>	
	IRROUGE/ENGLISH DERINERS IN CRUITORNIA TO DERIN, THRIVE AND DERD.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Y	es 🛛 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Y	es 🛛 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses	, and
	revenue, if any, for each program service reported.		226 120
4a	(Code:) (Expenses \$ 4,654,926. including grants of \$ 131,473.) (Revenue PRACTICE	÷\$	236,120.
	SEAL (SOBRATO EARLY ACADEMIC LANGUAGE) IS A POWERFUL ENGLISH		
	LEARNER-FOCUSED APPROACH TO EDUCATION ROOTED AT THE INTERSECTION OF		
	RESEARCH AND EDUCATIONAL EQUITY. WE PARTNER WITH SCHOOLS OVER MULTIPLE		
	YEARS TO TRAIN TEACHERS IN RESEARCH-BASED PEDAGOGY, SPARK CROSS-SCHOOL		
	COLLABORATION, AND BUILD INTERNAL COACHING AND LEADERSHIP CAPACITY TO		
	SUPPORT ENGLISH LEARNERS.		
4b	(Code:) (Expenses \$ 474, 568. including grants of \$) (Revenue	e\$	25,780.
	RESEARCH		
	SEAL CONDUCTS RESEARCH IN CLASSROOMS AND PUBLISHES INSIGHTS TO ADVANCE		
	THE FIELD'S UNDERSTANDING OF WHAT WORKS FOR ENGLISH LEARNERS.		
4c	(Code:) (Expenses \$191,826. including grants of \$) (Revenue	e \$	
	POLICY		
	SEAL ENGAGES WITH DISTRICT LEADERS AND ORGANIZE STAKEHOLDERS TO DESIGN		
	LEARNERS.		
4d	Other program services (Describe on Schedule O.)		
-i u	(Expenses \$ including grants of \$) (Revenue \$	١	
4e	Total program service expenses 5, 321, 320.		
10		For	n 990 (2021
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Form	990	(2021)

SOBRATO EARLY ACADEMIC LANGUAGE PROGRAM

82-1426126

Par	t IV Checklist of Required Schedules			age e
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
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Pa	t IV Checklist of Required Schedules (continued)			Lgo
	(continuou)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
LL	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
24 0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
-1	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		v
~~	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	000		x
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	200		x
24	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
		358		
U	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of eaction 512/b/12/2 (Cliver II according to a controlled entity)	35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	350		
30		36		x
37	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37		27		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> " <i>Yes</i> ," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
50		38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	1 00		
	Check if Schedule O contains a response or note to any line in this Part V			\square
	. , ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 13			_
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
132004	↓ 12-09-21	Form	990	(2021)
	5			

Form	990 (2021) SOBRATO EARLY ACADEMIC LANGUAGE PROGRAM 82-142612	26	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 42			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	_	0000	(0
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Form	990 (2021) SOBRATO EARLY ACADEMIC LANGUAGE PROGRAM			426126			age 6		
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and	d for a "	'No" r	espon	se		
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See ir	nstructions.						
	Check if Schedule O contains a response or note to any line in this Part VI			<u></u>			X		
Sec	tion A. Governing Body and Management								
						Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b		8					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	iny other						
	officer, director, trustee, or key employee?				2	Х			
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision						
	of officers, directors, trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		[5		х		
6	Did the organization have members or stockholders?				6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			····· [
	more members of the governing body?				7a		x		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			Γ					
	persons other than the governing body?				7b		x		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea								
	The governing body?		•		8a	х			
	Each committee with authority to act on behalf of the governing body?				8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			·····					
-	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>				9		x		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	/onuo	Code)	<u></u>	•				
		Chuc	0000./			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			Γ	10a		x		
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			·····	100				
~					10b				
11a	and branches to ensure their operations are consistent with the organization's exempt purposes?1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	20.01	e		11a				
	Did the organization have a written conflict of interest policy? If "No." go to line 13			- I	12a	х			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			Г	12b	х			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$			·····	12.0				
Ŭ		,			12c	х			
13	on Schedule O how this was done Did the organization have a written whistleblower policy?			····· F	13	х			
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			Г	14	х	<u> </u>		
15	Did the process for determining compensation of the following persons include a review and approval				17				
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by inc	lependent						
•	The organization's CEO, Executive Director, or top management official				15a	х			
				-		x	<u> </u>		
b	Other officers or key employees of the organization	•••••			15b				
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		u						
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem				10		v		
	taxable entity during the year?			·····	16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	•	•						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ								
200	exempt status with respect to such arrangements?			<u></u>	16b				
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed CA								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	T (section 50 ⁻	1(c)(3)s	only) a	availat	ole		
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request Other (explain		,						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict o	f interest polic	cy, and	financ	ial			
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	I records						
	BENJAMIN BUIS, CHIEF FINANCE & OPERATIONS OFFICER - (408) 256-0247								
	521 VALLEY WAY, MILPITAS, CA 95035								
32006	12-09-21				Form	990	(2021)		
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2021.05080 SOBRATO EARLY ACADEMIC LA 126388.1

Form 990 (2021)	SOBRATO EARLY ACADEMIC LANGUAGE PROGRAM	82-1426126	Page 7
Part VII Compen	sation of Officers, Directors, Trustees, Key Employees, Highes	st Compensated	
Employe	es, and Independent Contractors		
Check if Sc	hedule O contains a response or note to any line in this Part VII		
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete this table	for all persons required to be listed. Report compensation for the calendar year en	nding with or within the organization	n's tax year.
 List all of the orga 	anization's current officers, directors, trustees (whether individuals or organization	ns), regardless of amount of comper	nsation.
Enter -0- in columns (D)	, (E), and (F) if no compensation was paid.		
 List all of the orga 	anization's current key employees, if any. See the instructions for definition of "ke	y employee."	
	ion's five current highest compensated employees (other than an officer, director, of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the second		

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average	(do		Pos	C) itior		000	(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer 0	Key employee	Highest compensated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) ANYA HURWITZ	40.00	_			Ť	1 - 0				
PRESIDENT		x		x				263,153.	0.	38,786.
(2) PATRICIA DELANEY	40.00							,		<i>i</i>
DIRECTOR OF PROGRAMS & PARTNERSHIPS					x			176,621.	0.	27,141.
(3) JENNIFER DIEHL	40.00									
DIRECTOR OF INNOVATION & STRATEGY					х			175,408.	0.	20,846.
(4) JILL FRAKA	40.00									
DIRECTOR OF TRAINING						х		168,379.	0.	27,117.
(5) BENJAMIN BUIS	40.00									
CHIEF FINANCE & OPERATIONS OFFICER				х				149,500.	0.	30,116.
(6) LAURA HERNANDEZ	40.00									
PROGRAM MANAGER						X		160,706.	0.	18,747.
(7) MARTHA MARTINEZ	40.00									
DIRECTOR OF RESEARCH & EVALUATION						X		146,057.	0.	22,075.
(8) CORINA HEISER	40.00									
PROGRAM COORDINATOR						x		141,769.	0.	21,272.
(9) JOANNA MEADVIN	40.00									
PROGRAM COORDINATOR						X		139,501.	0.	16,421.
(10) JOHN MATTHEW SOBRATO	6.00									
BOARD CHAIR		х		х				0.	0.	0.
(11) LISA SOBRATO SONSINI	2.00									
TREASURER (12) KENJI TREANOR	6.00	Х		X				0.	0.	0.
SECRETARY	6.00	x		x				0.	0.	0.
(13) LIBIA GIL	2.00	~		^				0.	0.	0.
TRUSTEE	2.00	x						0.	0.	0.
(14) JOSE MANZO	2.00								••	
TRUSTEE		x						0.	0.	0.
(15) FELIZA ORTIZ-LICON	2.00	1							`	.
TRUSTEE		x						0.	0.	0.
(16) ANA TILTON	2.00	1				1				
TRUSTEE		х						٥.	0.	0.
(17) SARAH VALENCIA	2.00					1				
TRUSTEE		х						0.	0.	0.
										Form 990 (0001)

Form 990 (2021)

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Form	990 (2021) SOBRATO EARLY	ACADEMIC	LAN	GUA	GE	PRO	GRA	М		82-142	26126	6	Р	'age 8
Par	t VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	(do box	not c , unle	Pos heck i ss per	C) ition more rson i		one n an	(D) Reportable compensation from	(E) Reportable compensatior from related			(F) stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	I	fr org an	ipensa rom th janizat d relat anizati	ie tion ted
											\square			
											\square			
	Subtotal Total from continuation sheets to Part VII,								1,521,094.		0. 0.		222,	521. 0.
	Total (add lines 1b and 1c)								1,521,094.	000 - (0.		222,	521.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed ac	ove	e) wn	o re	eceived more than \$100,	000 of reportable				18
•											ſ		Yes	No
3	Did the organization list any former officer,	,				,	,	0	, , ,	,		3		x
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the sur											5		
	and related organizations greater than \$150										- 1	4	х	
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," comp	olete Schedule	e J fo	or sı	ıch ı	oers	on .				<u></u>	5		Х
	tion B. Independent Contractors													
1	Complete this table for your five highest con the organization. Report compensation for the	•	•							•	ensat	tion fro	Sm	
	(A) Name and business a				<u>.</u>				(B) Description of s		C		C) nsatio	n
LOS	ANGELES UNIFIED SCHOOL DISTRICT,	333												
	H BEAUDRY AVE 11TH FLOOR, LOS ANG	ELES,							CONSULTANT				198,	031.
	ATION FIRST CONSULTING, LLC													
	BOX 22871, SEATTLE, WA 98122	4.5						_	ORGANIZATION DEVEL				170,	000.
	WETHER EDUCATION PARTNERS, INC, 5 CON POST ROAD #171, SUDBURY, MA 01								ORG POLICY AND PRA	CTICE			145	700
	GROVE SCHOOL DISTRICT	//0						-	ANALYSIS AND EVA				145,	700.
	SANTA TERESA, SAN JOSE, CA 95119								DEMO SITE SERVICES				118,	561.
	. ,												,	
2	Total number of independent contractors (in	•	ot lir	nited	d to f			ted	above) who received mo	ore than				
	\$100,000 of compensation from the organize	ation 🕨				4	4						000	

132008 12-09-21

Check if Schecke 0 Contains a response or note to any line in the Part VII (A) (A) (C) Oresided During or note to any line in the Part VII (A) (C) Oresided During or note to any line in the Part VII (A) (C) Oresided During or note to any line in the Part VII (A) (C) Oreside Control to any line in the Part VII (C) Oreside Control to any line in the Part VII (C) Oreside Control to any line in the Part VII (C) Ore in the Part VII (C) Ore in the Part VII Ore in the Part VII (C) Ore in the Control to any line in the Part VII Ore in the Control to any line in the Part VII Ore in the Control to any line in the Part VII Ore in the Control to any line in the Part VII Ore in the Control to any line in the Part VII Ore in the Control to any line in the Part VII Ore in the Control to any line in the Part VII Ore in the Control to any line in the Part VII				2021) SOBRATO EARLY ACADE	MIC LANGUAGE	PROGRAM		82-142612	6 Page 9
Image: spectrum Image: spe	Pa	rt V	/111	Statement of Revenue					
Total revenue Related or severul function revenue Provincia do revenue function revenue Provinci do revenue Proveca do revenue P				Check if Schedule O contains a response	or note to any line		(=)		
Bot Membership dues Ib e Fundating events e Government grants (contributors) f Al other continuitors, site, grants, and smair amounts not included above f Mathematic contributors f Al other program service revenue f Al other program service revenue f Tatal. Add lines 2a:7 f Al other program service revenue f Tatal. Add lines 2a:7 f Coss rents b Lass: rental expenses f Bords from investment from revenue f Bords from from site of cost or other basis an adiavances f Bords from from site of cost from from from grant gattvites						• •	Related or exempt	Unrelated	Revenue excluded
Bot Membership dues Ib e Fundating events e Government grants (contributors) f Al other continuitors, site, grants, and smair amounts not included above f Mathematic contributors f Al other program service revenue f Al other program service revenue f Tatal. Add lines 2a:7 f Al other program service revenue f Tatal. Add lines 2a:7 f Coss rents b Lass: rental expenses f Bords from investment from revenue f Bords from from site of cost or other basis an adiavances f Bords from from site of cost from from from grant gattvites	s is	1	а	Federated campaigns 1a					
Building of the set	ran.								
Building of the set	, G O U								
Building of the set	ar A								
Building of the set	s, 0		е	Government grants (contributions)	611,805.				
Building of the set	rtion S		f	All other contributions, gifts, grants, and					
Building of the set	ibu				6,962,940.				
Building of the set	ut p		-						
2 a PROGRAM SERVICE FEES 611710 261,900. 261,900. b	<u>ų p</u>		h	Total. Add lines 1a-1f		7,574,745.			
90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 91 <t< td=""><td></td><td>_</td><td></td><td>PROGRAM GERMINE FEED</td><td></td><td>261 000</td><td>261.000</td><td></td><td></td></t<>		_		PROGRAM GERMINE FEED		261 000	261.000		
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9 a Gross income from gaming activities. See Part IV, line 19 9a 9a 9a b Less: direct expenses 9b 9b 9b 9c c Net income or (loss) from gaming activities and allowances > 0 0 b Less: cost of goods sold 10a 10b 0 0 c Net income or (loss) from sales of inventory, less returns and allowances 10a 0 0 c Net income or (loss) from sales of inventory > 0 0 c Net income or (loss) from sales of inventory > 0 0 c All other revenue 0 0 0 0 c All other revenue 0 0 0 91,321 12 Total revenue. See instructions 7,927,966. 261,900. 0 91,321									
Part IV, line 19 9a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory c Business Code d All other revenue e Total Add lines 11a-11d 12 Total revenue. See instructions					····· ►				
b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory b State of the second sec		9	а						
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory b Business Code b			h						
10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions				• • • • • • • • • • • • • • • • •					
and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory b Business Code b									
b Less: cost of goods sold 10b ► C ■ C = C = C = C = C = C = C			~	-					
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e Total. Add lines 11a-11d ▶ 7,927,966. 261,900. 0. 91,321 12 Total revenue. See instructions ▶ 7,927,966. 261,900. 0. 91,321	lane		b						l
e Total. Add lines 11a-11d ▶ 7,927,966. 261,900. 0. 91,321 12 Total revenue. See instructions ▶ 7,927,966. 261,900. 0. 91,321	Sev								
12 Total revenue. See instructions 7,927,966. 261,900. 0. 91,321	Mis								
			e			7 927 966	261 900	0	91 321
	13200		00			.,527,500.	1 201,500.		Form 990 (2021

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SOBRATO EARLY ACADEMIC LANGUAGE PROGRAM

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Х Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b, Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 131,473 131,473 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 881,572. 464,558. 298,355. 118,659. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 3,145,938. 2,603,976. 293,105. 248,857. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 162,472 136,391. 13,342. 12,739. 526,805 384,922, 102,772 39,111. 9 Other employee benefits 300,049 231,038 42,007 27,004. 10 Payroll taxes Fees for services (nonemployees): 11 Management а 5,324. 5,324 b Legal 25,000. 25,000 С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 839,871 675,461 75,790 88,620. column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 47,099 434,354 356,408. 30,847. 13 Office expenses 775 612 101 62. Information technology 14 Royalties 15 57,385 4,817, 21,838 30,730. 16 Occupancy 66,118, 68,123 593 1,412. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,420. 113,968. 109,761. 1,787. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 35,207 17,603, 8,802 8,802. 22 Depreciation, depletion, and amortization 1,706. 21,327 16,849. 2,772 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) PROGRAM SUPPLIES/VIDEOS 121,153, 121,153, а 18. MISC EXPENSES 30 228 180 b С d All other expenses е 939,350 610,354. Total functional expenses. Add lines 1 through 24e 6.871.024 5,321,320 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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2021.05080 SOBRATO EARLY ACADEMIC LA 126388.1

Form 990 (2021)

23060508 701245 126388.1

33

Total liabilities and net assets/fund balances

5,995,539.

33

	5	Loans and other receivables from any current or	former offi	icer, director,			
		trustee, key employee, creator or founder, subst	antial cont	ributor, or 35%			
		controlled entity or family member of any of thes	e persons			5	
	6	Loans and other receivables from other disqualif	ied person	s (as defined			
		under section 4958(f)(1)), and persons described	l in section	4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
As	9	— · · · · · · · · · · · · · · · · · · ·			84,488.	9	102,570.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	110,449.			
	b	Less: accumulated depreciation		71,468.	61,835.	10c	38,981.
	11	Investments - publicly traded securities			2,067,447.	11	3,485,212.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line -	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			17,664.	15	17,664.
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)		5,995,539.	16	6,851,715.
	17	Accounts payable and accrued expenses		697,204.	17	916,773.	
	18	Grants payable			18		
	19	Deferred revenue		0.	19	213,000.	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F	chedule D		21		
ŝ	22	Loans and other payables to any current or form	director,				
Liabilities		trustee, key employee, creator or founder, subst	antial cont	ributor, or 35%			
iabi		controlled entity or family member of any of thes	e persons			22	
-	23	Secured mortgages and notes payable to unrela	ted third p	arties		23	
	24	Unsecured notes and loans payable to unrelated	third parti	es		24	
	25	Other liabilities (including federal income tax, page	yables to re	elated third			
		parties, and other liabilities not included on lines	17-24). Co	omplete Part X			
		of Schedule D				25	
	26				697,204.	26	1,129,773.
6		Organizations that follow FASB ASC 958, che	ck here 🖡				
čě		and complete lines 27, 28, 32, and 33.					
alan	27	Net assets without donor restrictions			4,798,335.	27	5,126,542.
Щ В	28	Net assets with donor restrictions			500,000.	28	595,400.
ŭ		Organizations that do not follow FASB ASC 9	58, check	here 🕨 🛄			
۳ ۲		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq				30	
Å	31	Retained earnings, endowment, accumulated inc			5,298,335.	31	5,721,942.
ž	32	Total net assets or fund balances			5,290,335.	32	5,721,942.

SOBRATO EARLY ACADEMIC LANGUAGE PROGRAM

Check if Schedule O contains a response or note to any line in this Part X

1 Cash - non-interest-bearing

3 Pledges and grants receivable, net

Savings and temporary cash investments

Accounts receivable, net

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(B) End of year

443,390.

547,799.

132,036.

6,851,715.

Form 990 (2021)

2,084,063.

(A) Beginning of year

534,505.

499,361.

2,730,239.

1

2

4

0. **3**

Form 990 (2021)

2

4

Part X | Balance Sheet

Form	990 (2021) SOBRATO EARLY ACADEMIC LANGUAGE PROGRAM	82-142612	6	Pa	_{ae} 12
	rt XI Reconciliation of Net Assets				4
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7	,927,	966.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	,871,	024.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,056,	942.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5	,298,	335.
5	Net unrealized gains (losses) on investments	5		-633,	335.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	5	,721,	942.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		\square
		ı		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		_		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit	_		
_	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require		-		1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2021)

132012 12-09-21

Department of the Treasury

(Form 990)

Total

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2021
Open to Public

Intern	ternal Revenue Service			► Go to www.irs.gov/Form990 for instructions and the latest information.							
Nam	e of t	the organizati	on							r identification numbe	
Da		Deces	SOBRATO EARLY ACADEMIC LANGUAGE PROGRAM On for Public Charity Status. (All organizations must complete this part.) See instructions.							82-1426126	
Pa								See instruction	IS.		
	organ		-	-	For lines 1 through 12, c	-	-				
1				•	on of churches described		on 170(b)(⁻	1)(A)(i).			
2					Attach Schedule E (Forn						
3					anization described in so						
4			-	ation operated in co	njunction with a hospital	described	in section	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,	
		city, and stat									
5		-	-		llege or university owned	l or operat	ed by a go	overnmental u	init describe	ed in	
-				Complete Part II.)							
6				-	nental unit described in						
7	X	-		-	ntial part of its support fi	rom a gove	ernmental	unit or from t	he general	public described in	
-				Complete Part II.)							
8		-			(1)(A)(vi). (Complete Par	-					
9		0		-	in section 170(b)(1)(A)(· ·			•		
			or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or	
40		university:			H					-1	
10					than 33 1/3% of its supp						
					t to certain exceptions;	• •				0	
					(less section 511 tax) fro	om busines	sses acqui	red by the org	ganization a	after June 30, 1975.	
44				mplete Part III.)	woly to toot for public or	fati Caa	anation F	00(~)(4)			
11 12	H	-	-	-	ively to test for public sa	•			rn out the	purpass of and ar	
12		-	-	-	ively for the benefit of, to	-			-		
					ed in section 509(a)(1) of supporting organization					Sheck the box on	
~		-	-		upervised, or controlled		-		-	aivina	
а	L				gularly appoint or elect a	•	-		•••••		
			•	complete Part IV, Se		i majonty c				apporting	
b		¬ -		-	l or controlled in connect	tion with it	s sunnorte	ad organizatio	n(s) hy hay	lina	
, D				-	anization vested in the sa			-		-	
			-	at complete Part IV,		anic perso	13 1141 00		ge the supp	Solica	
с				-	g organization operated	in connect	tion with	and functiona	llv integrate	ad with	
Ŭ	L		-	• • • •). You must complete I				ny mograte	sa witi,	
d		-	-		porting organization oper				rted organi:	zation(s)	
u	L		-		zation generally must sat				•		
			•		nplete Part IV, Sections	•		-			
е			-		written determination fro				II Type III		
•					nally integrated supporti			, . , . , . , . , . , . , . , . , .	n, 19po m		
f	Ente	er the number									
				n about the supporte							
		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the org in your govern	anization listed	(v) Amount o	f monetary	(vi) Amount of other	
		organizatior	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions	
									-		

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Schedule A	(Form	990	2021
		330	1 202 1

Part II

SOBRATO EARLY ACADEMIC LANGUAGE PROGRAM

82-1426126 Page **2**

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			9,180,991.	9,641,127.	7,574,745.	26,396,863.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3			9,180,991.	9,641,127.	7,574,745.	26,396,863.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						920,857.
6	Public support. Subtract line 5 from line 4.						25,476,006.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4			9,180,991.	9,641,127.	7,574,745.	26,396,863.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			6,780.	17,355.	91,321.	115,456.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						26,512,319.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	1,855,571.
	First 5 years. If the Form 990 is for th	-				01(c)(3)	
	organization, check this box and stop	phere					X
See	ction C. Computation of Publi	c Support Per	rcentage				
14	Public support percentage for 2021 (I	ine 6, column (f), c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the o	organization did no	ot check the box c	n line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	oorted organizatior	۱ <u></u>			
b	33 1/3% support test - 2020. If the o	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2021. If the org	ganization did not	check a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstanc	ces test, check this	s box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a p	ublicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2020. If the or	ganization did not	check a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th	ne facts-and-circur	nstances test, che	eck this box and ste	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	he organization qu	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b,	, check this box a	nd see instructions	
						Schedule A	(Form 990) 2021

Part III	Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) organizat	ion,
	check this box and stop here						
Se	ction C. Computation of Publi	ic Support Per	rcentage			, ,	
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2020) Schedule A, Part	III, line 15			16	%
See	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by li	ine 13, column (f))		17	%
	Investment income percentage from					18	%
19 a	33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line ⁻	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	ifies as a publicly :	supported organiza	ition	
k	33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	<u>box on line 14, 19</u>	a, or 19b, check t	his box and see ins	tructions	
1320	23 01-04-22					Schedule	A (Form 990) 2021
			16				

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	, 5 5 , 11 5			
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	_		
			Vee	Na
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000	aon D. An Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	(21	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	24		
5	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have encaged in			

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 132025 01-04-22

Зb Schedule A (Form 990) 2021

2b

3a

Part IV	Supporting Organizations	(continued)

Schedule A (Form 990) 2021

Has the organization accepted a gift or contribution from any of the following persons? 11 a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?

SOBRATO EARLY ACADEMIC LANGUAGE PROGRAM

- asons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

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11a

Yes No

Sche	dule A (Form 990) 2021 SOBRATO EARLY ACADEMIC LANGUAGE PRO	OGRAM		82-1426126	Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ı Orgar	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain in	Part VI). See inst	ructions.
	All other Type III non-functionally integrated supporting organizations must				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (option	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (option:	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount	_		Current Y	/ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
-			· - · · ·	/	

SOBRATO EARLY ACADEMIC LANGUAGE PROGRAM

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

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Schedule A (Fo	orm 990	2021
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Par	rt V Type III Non-Functio	nally Integrated 509(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Secti	ion D - Distributions					Current Year
1	Amounts paid to supported organ	izations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity t					
	organizations, in excess of income	e from activity			2	
3	Administrative expenses paid to a	ccomplish exempt purpose	s of supported organization	s	3	
4	Amounts paid to acquire exempt-u	use assets			4	
5	Qualified set-aside amounts (prior	IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Pa				6	
7	Total annual distributions. Add I	ines 1 through 6.			7	
8	Distributions to attentive supporte	ed organizations to which th	e organization is responsive)		
	(provide details in Part VI). See ins	structions.	-		8	
9	Distributable amount for 2021 from	n Section C, line 6			9	
10	Line 8 amount divided by line 9 ar	nount			10	
	÷		(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (s	ee instructions)	Excess Distributions	Underdistribution Pre-2021	าร	Distributable Amount for 2021
_1	Distributable amount for 2021 from	m Section C, line 6				
2	Underdistributions, if any, for year	s prior to 2021 (reason-				
	able cause required - explain in Pa	art VI). See instructions.				
3	Excess distributions carryover, if a	any, to 2021				
a	From 2016					
b	From 2017					
c	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of p	rior years				
<u>h</u>	Applied to 2021 distributable amo	unt				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h,	and 3i from line 3f.				
4	Distributions for 2021 from Sectio	n D,				
	line 7:	\$				
a	Applied to underdistributions of p	rior years				
b	Applied to 2021 distributable amo	unt				
C	Remainder. Subtract lines 4a and	4b from line 4.				
5	Remaining underdistributions for	ears prior to 2021, if				
	any. Subtract lines 3g and 4a from	n line 2. For result greater				
	than zero, <i>explain in</i> Part VI. See	instructions.				
6	Remaining underdistributions for 2	2021. Subtract lines 3h				
	and 4b from line 1. For result grea	ter than zero, <i>explain in</i>				
	Part VI. See instructions.					
7	Excess distributions carryover t	o 2022. Add lines 3j				
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
b	Excess from 2018					
с	Excess from 2019					
d	Excess from 2020					
е	Excess from 2021					

Schedule A (Form 990) 2021

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Schedule A	Form 990) 2021	SOBRATO	EARLY A	CADEMIC L	ANGUAGE 1	ROGRAM		82-1426126	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	, 2, 3b, 3c, 4 lines 2 and 3	b, 4c, 5a, ; Part IV,	6, 9a, 9b, 90 Section E, lir	c, 11a, 11b, nes 1c, 2a, 2	and 11c; Part N 2b, 3a, and 3b;	V, Section B, lines Part V, line 1; Part	1 and 2; Part IV, Section V, Section B, line 1e; Pa	n C,
	(See instructions.)								
132028 01-04-2	2							Schedule A (Form	990) 2021
102020 01-04-2	-				21				2007 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

	82-1426126				
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ X 501(c)(³) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year $\dots \longrightarrow$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

SOBRATO	EARLY ACADEMIC LANGUAGE PROGRAM	8	32-1426126
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$350,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$474,988.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$40,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$50,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$121,050.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Employer identification number

SOBRATO	EARLY ACADEMIC LANGUAGE PROGRAM		82-1426126
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
7		\$250,	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
8		\$5,819,	840. Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
9		\$50,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Page **2**

Employer identification number

Schedule B (Form 990) (2021)

Name of organization

ame of or	ganization	E	mployer identification numb
BRATO	EARLY ACADEMIC LANGUAGE PROGRAM		82-1426126
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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Schedule B (Form 990) (2021)

Page 3

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Schedule B (Form	990) (2021)
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lame of or	ganization		Employer identification num				
OBRATO	EARLY ACADEMIC LANGUAGE PROGRAM		82-1426126				
Part III	Exclusively religious, charitable, etc., contribution	ons to organizations described in s	section 501(c)(7), (8), or (10) that total more than \$1,000 for the				
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of	hrough (e) and the following line er the the the the the charitable, etc., contributions of \$1,000 or	ntry. For organizations r less for the year. (Enter this info. once.) *				
	Use duplicate copies of Part III if additional	space is needed.					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(2) 1 0 000 01 911	(0) 000 01 911					
Γ		(e) Transfer of gi	ift				
Ļ	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
		[
		[
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
F		(e) Transfer of gi					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
		[
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
	(e) Transfer of gift						
	Transferee's name address ar	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
ŀ							
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
—							
Γ		(e) Transfer of gi	ift				
F	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
3454 11-11-	-21	ł	Schedule B (Form 990)				

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		Supplemente		l Statamanta		OMB No. 1545-0047
	HEDULE D m 990)	Supplementa Complete if the organization				2021
(FOI)	11 990)	Part IV, line 6, 7, 8, 9, 10,	, 11a, 11b, 11c, 11c	d, 11e, 11f, 12a, or 12b.		
	ment of the Treasury I Revenue Service	►Go to www.irs.gov/Form99	Attach to Form 990 90 for instructions		n.	Open to Public Inspection
Nam	e of the organizatio	SOBRATO EARLY ACADEMIC LANG				ployer identification number 82-1426126
Pa		ntions Maintaining Donor Advised nanswered "Yes" on Form 990, Part IV, line		er Similar Funds or <i>I</i>	Accour	nts. Complete if the
			(a) Donor a	dvised funds	(b) Fur	nds and other accounts
1	Total number at en	d of year				
2	Aggregate value of	contributions to (during year)				
3		grants from (during year)				
4		end of year				
5	•	n inform all donors and donor advisors in w	•			
		n's property, subject to the organization's e				Yes No
6	•	n inform all grantees, donors, and donor ac	•	•	•	
	• •	oses and not for the benefit of the donor or			•	
Da	impermissible priva					
		ation Easements. Complete if the org			IV, line 7	
1		ervation easements held by the organizatio	· ·		otorioollu	important land area
		of land for public use (for example, recreat f natural habitat	lon or education)	Preservation of a reservation of a ce		important land area
		of open space			ertineu fii	
2		through 2d if the organization held a qualifi	ied conservation co	ntribution in the form of a	conserva	tion easement on the last
2	day of the tax year.	o o .	ed conservation co			Held at the End of the Tax Year
а					2a	
b						
c	° °	vation easements on a certified historic stru				
d		vation easements included in (c) acquired a				
		al Register			2d	
3		vation easements modified, transferred, rele				during the tax
	year 🕨					
4	Number of states w	where property subject to conservation eas	ement is located	•		
5	Does the organizat	ion have a written policy regarding the peri	odic monitoring, in:	spection, handling of		
	violations, and enfo	prcement of the conservation easements it	holds?	-		Yes No
6	Staff and volunteer	hours devoted to monitoring, inspecting, h	nandling of violatior	ns, and enforcing conserva	tion ease	ements during the year
7	Amount of expense	 es incurred in monitoring, inspecting, handl	ling of violations, ar	nd enforcing conservation	easemen	ts during the year

7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
	▶ \$

8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?	Yes	No No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and		

bala	nce sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the
orga	anization's accounting for conservation easements.
Part III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the c	organization answere	d "Yes" or	n Form 990	, Part IV, line 8.
	J			, ,

1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Provide the following amounts relating to these items:

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2021
b	Assets included in Form 990, Part X		\$
а	Revenue included on Form 990, Part VIII, line 1		\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pr	ovid	e
	(ii) Assets included in Form 990, Part X		\$
	(I) Revenue included on Form 990, Part VIII, line 1		\$

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PartIL Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (conflued) a Using the organization's accussion, and other records, check any of the following that make significant use of its collection tens (check all that apply): PartI exhibition Check and the organization's accussion, and other records, check any of the following that make significant use of its collections and explain how they further the organization's output exhibition Provide a description of the organization's collections and explain how they further the organization's output exhibition Provide a description of the organization's collections and explain how they further the organization's collection? Ves into the maintain agent, trustee, custodian or other intermediary for contributions or other assets not included a fit the organization and custodian or other intermediary for contributions or other assets not included an explain the arrangement in Part XIII and complete the following table: Ves intermediary for explain the arrangement in Part XIII and complete the following table: If "Yes," explain the arrangement in Part XIII and complete the following table: If "Yes," explain the arrangement in Part XIII and complete the following table: If "Yes," explain the arrangement in Part XIII. The second control of the organization and output table: If "Yes," explain the arrangement in Part XIII. The second control of the organization and output table: If "Yes," explain the arrangement in Part XIII. The second control of the organization and output table: If "Yes," explain the arrangement in Part XIII. The arganization ananowered "Yes' on Form 900, Part X, line 10.	Sche	dule D (Form 990) 2021 SOBRATO EAF	RLY 2	ACADEMIC LAN	NGUAGI	E PROGRAM				82-142	6126	Р	age 2
collection items (check all that apply): a b </td <td>Par</td> <td>t III Organizations Maintaining C</td> <td>olle</td> <td>ctions of Ar</td> <td>t, His</td> <td>torical Tre</td> <td>easures, o</td> <td>r Other</td> <td>Similar</td> <td>Assets</td> <td>s (conti</td> <td>nued)</td> <td></td>	Par	t III Organizations Maintaining C	olle	ctions of Ar	t, His	torical Tre	easures, o	r Other	Similar	Assets	s (conti	nued)	
a Public exhibition d lano or exhange program b G lano or exhange program c loss of the regarization is collections and explain how they further the organization's exempt purpose in Part XIII. During they are, did the organization sociel or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Perrive J escrew and Cuteorganements. Complete fit the organization answerd "Yes" on Form 990, Part IV, line 80, Part X2, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2, line 21. Beginning balance C Beginning balance A difficus an amount on Form 900, Part X, line 21. Beginning balance A difficus an amount on Form 900, Part X, line 21. Beginning balance A difficus an amount on Form 900, Part X, line 21. Beginning balance Beginning balance Beginning balance Beginning balance Beginning of year balance Beginning of year balance Beginning of year balance C Durent year Beginning of year balance C Durent year of be organization include an amount on Form 900, Part X, line 10. Beginning of year balance C Durent year of be organization answered "Yes" on Form 990, Part X, line 10. Beginning of year balance C Durent year of be organization answered "Yes" on Form 990, Part X, line 10. C Ontributors C Onther downernt Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Beginning of year balance C Durent year of be organization answered "Yes" on Form 990, Part X, line 10. C During they example and the organization answered "Yes" on Form 990, Part X, line 10. C During they example and the organization answered "Yes" on Form 990, Part X, line 10. C During they balance C During they balance C During they balance C During they balance C During they balance C During they balance C During they balance C During they balance C During they balance C During they balance C D	3	Using the organization's acquisition, accession	on, ai	nd other record	s, chec	k any of the	following that	t make sig	gnificant u	se of its			
b Scholary research e Other		collection items (check all that apply):											
b Scholarly research c Bearwardon for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Diversity the year, did the organization solection? Part W Exerce and Custodial Arrangements. Complete if the organization addection? Complete in the organization and generation of the organization and severed 'Yes' on Form 990, Part X, line 3, or responde an anount on Form 990, Part X, line 21. Complete the following table: C Beginning balance C Begi	а	Public exhibition		d	1 🗌] Loan or exc	change progra	am					
C Preservation for future generations Provide a description of the organization's collections and explain how they turber the organization's exempt purpose in Part XIII. During the year, did the organization's collection? Ves No Part V Exercise and a state than to be maintained as part of the organization's collection? Ves No Part V Exercise and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part V. line 9. Yes No Ves, "explain the arrangement in Part XIII and complete the following table: Amount Ves, "explain the arrangement in Part XIII and complete the following table: Amount Ves, "explain the arrangement in Part XIII and complete the following table: Amount Ves, "explain the arrangement in Part XIII and complete the following table: Amount Ves, "explain the arrangement in Part XIII and complete the following table: Amount Ves, "explain the arrangement in Part XIII and complete the following table: Amount Ves, "explain the arrangement in Part XIII and complete the following table: Amount Ves, "explain the arrangement in Part XIII and complete the following table: Amount Ves, "explain the arrangement in Part XIII Ves, "explain the arrangement in Part XIII Part V Endowment FundS. Complete if the organization answered "Yes" on Form 990, Part X, line 21, for searce wor custodial account tablity? Ves	b	Scholarly research		е	•	1							
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d Grants or scholarships													
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% in percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment Innds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Texpeription of property (a) Cost or other b Buildings c Leasehold improvements d Equipment 110, 449, 71, 468, 38, 981. e Other 1otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B). line 10c,	С												
and programs													
f Administrative expenses	е	Other expenditures for facilities											
g End of year balance													
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1a Land		Description of property		(a) Cost or o	other	(b) Cos	t or other	(c) Ac	cumulate	d	(d) Boo	k valu	ie
b Buildings	_					. ,							
b Buildings	1a	Land											
c Leasehold improvements 110,449. 71,468. 38,981. d Equipment 110,449. 71,468. 38,981. e Other 5 5 38,981. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.) 38,981.													
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Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)									,			,	
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Schedule D) (Form 990) 2021 SOBRATO EARLY AC	ADEMIC LANGUAGE PROG	GRAM	82-1426126	Page 3
Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market v	/alue
(1) Financi	al derivatives				
(2) Closely	held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. ((b) must equal Form 990, Part X, col. (B) line 12.) 🕨				
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes"				
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market v	/alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(1) Declara	-1
	(a)	Description		(b) Book va	aiue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)				<u> </u>	
Part X	umn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities.	e 15.)			
FailA		on Form 000 Dort IV line	11. or 11f Coo Form 000 Dort V line	- 0F	
-	Complete if the organization answered "Yes"	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line		
<u>1.</u>	(a) Description of liability			(b) Book va	aiue
	deral income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
,	<u>ımn (b) must equal Form 990, Part X, col. (B) lin</u>	,			
-	/ for uncertain tax positions. In Part XIII, provide		•	-	
organiz	ation's liability for uncertain tax positions under	FASB ASC 740. Check he	ere if the text of the footnote has beer	n provided in Part XII	I X

132053 10-28-21

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 SOBRATO EARLY ACADEMIC LANGUAGE PROGRAM			82-1426126	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statement	ts With R	evenue per Re ⁻	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1				1	7,351,453.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		622 225		
a	Net unrealized gains (losses) on investments	2a	-633,335. 56,822.	-	
b	Donated services and use of facilities	2b	50,022.	-	
ر ام	Recoveries of prior year grants	2c 2d		-	
d e		·		2e	-576,513.
3	Add lines 2a through 2d			3	7,927,966.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				, , ,
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b		4b			
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,927,966.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With I	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	6,927,846.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	56,822.		
b	Prior year adjustments	2b			
с	Other losses	2c		-	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	56,822.
3	Subtract line 2e from line 1			3	6,871,024.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,871,024.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			; Part X, line 2; I	Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal Informa	ition.		
PART	X, LINE 2:				
THE	ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 50	1(C)(3)			
OF T	HE INTERNAL REVENUE CODE. IN ADDITION, THE ORGANIZATION QUALIFI	ES FOR			
THE	CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AN	ID HAS			
BEEN	CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION	UNDER			
~ ~ ~ ~					
SECI	ION 509(A)(2). THE ORGANIZATION IS ALSO EXEMPT FROM STATE INCOM	IE TAX			
TINDE					
UNDE	R SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE.				
GENE	RALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDE ACCOUNTING AND DIS	CLOSURE			
GUID	ANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURN	IS THAT			
MIGH	T BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND)			
8FT.T	EVES THAT ALL OF THE POSITIONS TAKEN BY THE ORGANIZATION IN ITS	1			
		•		Schedule D (Fo	orm 000) 2024
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23000300	/01245	120200.1

Part XIII Supplemental Information (continued)

FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT

TO BE SUSTAINED UPON EXAMINATION.

Schedule D (Form 990) 2021

132055 10-28-21

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SCHEDULE I			irants and Oth					OMB No. 1545-0047
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								2021
Department of the Treasury		Compl	ete il the organizatio	Attach to For		rt iv, inte 21 of 22.		Open to Public
Internal Revenue Service			Go to www.ir	rs.gov/Form990 fo		nation.		Inspection
Name of the organization	ON SOBRATO EARLY	ACADEMIC LANG	UAGE PROGRAM					Employer identification number 82-1426126
Part I General In	formation on Grants a	nd Assistance						
criteria used to av	ation maintain records t ward the grants or assis	tance?						
Part II Grants and	<u>V the organization's pro</u> d Other Assistance to I at received more than \$	Domestic Organiz	ations and Domestic	Governments. C	Complete if the org	anization answered "Y	∕es" on Form 990, Part	IV, line 21, for any
.,	dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
OAK GROVE SCHOOL : 6578 SANTA TERESA SAN JOSE, CA 9511			CA DEPT OF EDUCATION	56,473.	0.			DEMONSTRATION SITE FEES
LOS ANGELES UNIFI DISTRICT - 333 SO LOS ANGELES, CA 9	UTH BEAUDRY AVE -	95-6001908	CA DEPT OF EDUCATION	75,000.	0.			DEMONSTRATION SITE FEES
2 Enter total number	er of section 501(c)(3) ar	nd aovernment or	L Danizations listed in the	Le line 1 table	1	1	1	2.
	er of other organizations							0.
								0.1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

SOBRATO EARLY ACADEMIC LANGUAGE PROGRAM

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

AN AGREEMENT IS SIGNED DETAILING THE OBLIGATIONS OF THE DEMONSTRATION SITE,

THE SITE IS THEN UTILIZED AS DESCRIBED IN THE CONTRACT.

SC	HEDULE J	Compensation Info	rmation	1	OMB No. 1	545-004	47
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and High			st		2021		
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.			2021		i i	
Depa	tment of the Treasury		Open to	Publi	ic		
	Department of the Treasury Attach to Form 990. Op Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Internation.						
Nam	e of the organization			Employer ide	entificatio	on nur	nber
_		SOBRATO EARLY ACADEMIC LANGUAGE PROGRAM		82-14	26126		
Pa	rt I Question	Regarding Compensation					
						Yes	No
1a		ate box(es) if the organization provided any of the following to		990,			
		ine 1a. Complete Part III to provide any relevant information re	egarding these items.				
	First-class or c		owance or residence for perso				
	Travel for com		or business use of personal re-				
			ocial club dues or initiation fee				
	Discretionary	pending account Personal se	rvices (such as maid, chauffeu	r, chef)			
b		on line 1a are checked, did the organization follow a written po					
-		rovision of all of the expenses described above? If "No," comp	• ••••••		. 1 b		
2		require substantiation prior to reimbursing or allowing expens					
	trustees, and office	s, including the CEO/Executive Director, regarding the items of	checked on line 1a?		. 2		
•							
3		y, of the following the organization used to establish the comp	•				
		ctor. Check all that apply. Do not check any boxes for method	is used by a related organization	on to			
	·	tion of the CEO/Executive Director, but explain in Part III.					
	X Compensation committee Written employment contract						
			ion survey or study				
	X Form 990 of o	her organizations	the board or compensation c	ommittee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, wi	th respect to the filing				
-	organization or a re		in respect to the ming				
а	•				4a		х
b	 a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? 					x	
							x
U	c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	In res to any or in						
	Only section 501(c	(3), 501(c)(4), and 501(c)(29) organizations must complete	lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization p		n			
-	contingent on the r						
а	0				5a		х
		ation?					x
		r 5b, describe in Part III.					
6		n Form 990, Part VII, Section A, line 1a, did the organization p	ay or accrue any compensatio	n			
	contingent on the r						
а		~			6a		х
		ation?					x
		r 6b, describe in Part III.					
7		n Form 990, Part VII, Section A, line 1a, did the organization p	rovide any nonfixed payments				
		es 5 and 6? If "Yes," describe in Part III			7		х
8		reported on Form 990, Part VII, paid or accrued pursuant to a					
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes		-	8		х
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
		53.4958-6(c)?			9		
LHA		eduction Act Notice, see the Instructions for Form 990.			le J (Forn	n 990)	2021

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Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) ANYA HURWITZ	(i)	263,153.	Ο.	0.	14,882.	23,904.	301,939.	٥.
PRESIDENT	(ii)	Ο.	Ο.	0.	0.	0.	0.	٥.
(2) PATRICIA DELANEY	(i)	176,621.	Ο.	0.	9,935.	17,206.	203,762.	٥.
DIRECTOR OF PROGRAMS & PARTNERSHIPS	(ii)	0.	0.	0.	0.	0.	0.	٥.
(3) JENNIFER DIEHL	(i)	175,408.	0.	0.	9,906.	10,940.	196,254.	٥.
DIRECTOR OF INNOVATION & STRATEGY	(ii)	٥.	٥.	0.	0.	٥.	0.	٥.
(4) JILL FRAKA	(i)	168,379.	0.	0.	11,315.	15,802.	195,496.	٥.
DIRECTOR OF TRAINING	(ii)	0.	0.	0.	0.	0.	0.	٥.
(5) BENJAMIN BUIS	(i)	149,500.	٥.	٥.	9,961.	20,155.	179,616.	٥.
CHIEF FINANCE & OPERATIONS OFFICER	(ii)	٥.	٥.	٥.	0.	٥.	0.	٥.
(6) LAURA HERNANDEZ	(i)	160,706.	٥.	0.	9,797.	8,950.	179,453.	٥.
PROGRAM MANAGER	(ii)	0.	0.	0.	0.	0.	0.	٥.
(7) MARTHA MARTINEZ	(i)	146,057.	0.	0.	6,235.	15,840.	168,132.	٥.
DIRECTOR OF RESEARCH & EVALUATION	(ii)	0.	0.	0.	0.	0.	0.	٥.
(8) CORINA HEISER	(i)	141,769.	0.	0.	8,604.	12,668.	163,041.	٥.
PROGRAM COORDINATOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JOANNA MEADVIN	(i)	139,501.	0.	0.	8,488.	7,933.	155,922.	0.
PROGRAM COORDINATOR	(ii)	0.	0.	0.	0.	0.	0.	٥.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

SCHEDULE O	Supplemental Information to Form 990 or 990)-EZ	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		2021
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. 		Open to Public Inspection
Name of the organization	SOBRATO EARLY ACADEMIC LANGUAGE PROGRAM		r identification number 426126
FORM 990, PART I,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
TO TEACHING AND LE	ARNING THAT TRANSFORMS CLASSROOMS AND SCHOOL SYSTEMS		
BY PROVIDING PROFE	SSIONAL DEVELOPMENT, CURRICULUM SUPPORT AND TECHNICAL		
ASSISTANCE. AS A R	ESULT, TEACHERS ARE EQUIPPED TO CENTER THE ASSETS AND		
NEEDS OF THEIR DUA	L LANGUAGE/ENGLISH LEARNER STUDENTS WHILE SUPPORTING		
RICH AND RIGOROUS	LEARNING FOR ALL STUDENTS. SEAL WORKS ACROSS THE		
STATE OF CALIFORNI	A, PARTNERING WITH PRESCHOOL PROGRAMS, ELEMENTARY		
SCHOOLS, DISTRICTS	, COUNTY OFFICES OF EDUCATION AND OTHER EDUCATIONAL		
STAKEHOLDERS TO EN	SURE CALIFORNIA'S CULTURALLY AND LINGUISTICALLY		
DIVERSE CHILDREN T	HRIVE.		
FORM 990, PART VI,	SECTION A, LINE 2:		
THERE IS A FAMILY	RELATIONSHIP BETWEEN BOARD MEMBERS JOHN MATTHEW SOBRATO		
AND LISA SOBRATO S	ONSINI.		
FORM 990, PART VI,	SECTION A, LINE 4:		
THE ORGANIZATION U	PDATED IT FINANCIAL POLICIES AND PROCEDURES MANUAL TO		
CHANGE THE DUTIES	OF ITS OFFICERS, KEY EMPLOYEES AND BOARD MEMBERS.		
FORM 990, PART VI,	SECTION B, LINE 11B:		
THE EXECUTIVE DIRE	CTOR WILL WORK WITH THE GOVERNANCE COMMITTEE AND/OR THE		
FINANCE COMMITTEE	FOR REVIEW OF THE DRAFT FORM 990. AFTER TAKING THIS TO		
THE GOVERNANCE AND	FINANCE COMMITTEE, A COPY OF THE 990 IS SENT TO ALL		
REMAINING BOARD ME	MBERS PRIOR TO FILING. THIS REVIEW SUPPORTS THE ACCURACY		
OF THE FORM IN CON	VEYING THE ORGANIZATION'S MISSION, ACTIVITIES, FINANCES,		
AND COMPENSATION.			
LHA For Paperwork Re	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Sche	dule O (Form 990) 2021

Name of the organization

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES

COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY HAVING EACH OFFICER,

TRUSTEE, AND KEY EMPLOYEE REVIEW AND ANNUALLY SIGN AN ACKNOWLEDGMENT OF

SEAL'S CONFLICT OF INTEREST POLICY AND ARE REQUIRED TO DISCLOSE ANY

POTENTIAL FINANCIAL INTEREST AND FAMILY RELATIONSHIPS THAT COULD GIVE RISE

TO A CONFLICT OF INTEREST.

IF ANY POTENTIAL OR ACTUAL CONFLICT OCCURS, THE BOARD WILL DECIDE WHAT

MEASURES ARE NEEDED TO PROTECT SEAL'S INTEREST IN LIGHT OF THE NATURE AND

SERIOUSNESS OF THE CONFLICT, TO DECIDE WHETHER TO ENTER INTO THE

TRANSACTION, AND TO ENSURE THAT THE TERMS OF THE TRANSACTION ARE

APPROPRIATE. THE TRUSTEE SHALL NOT VOTE ON ANY TRANSACTION IN WHICH THE

TRUSTEE HAS AN INTEREST, AND THE REMAINING BOARD MEMBERS SHALL DECIDE THE

MATTER.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS SHALL REVIEW THE COMPENSATION OF THE

PRESIDENT/EXECUTIVE DIRECTOR AND CFAO AND SHALL APPROVE SUCH COMPENSATION

ONLY AFTER DETERMINING THAT THE COMPENSATION IS JUST AND REASONABLE. THIS

REVIEW AND APPROVAL SHALL OCCUR WHEN THE OFFICER IS HIRED AND WHEN THE TERM

OF EMPLOYMENT IS RENEWED OR EXTENDED.

THE ORGANIZATION USES THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION

OF THE ORGANIZATION'S CFAO/EXECUTIVE DIRECTOR.

- COMPENSATION COMMITTEE

- FORM 990 OF OTHER ORGANIZATIONS

- COMPENSATION SURVEY OR STUDY

132212 11-11-21

Schedule O (Form 990) 2021

Name of the organization SOBRATO EARLY ACADEMIC	C LANGUAGE PROGRAM	Employer identification numbe 82-1426126
- USE OF DATA AS TO COMPARABLE COMPENSATIO	N FOR SIMILARLY QUALIFIED PERSONS	
IN FUNCTIONALLY COMPARABLE POSITIONS		
- APPROVAL BY THE BOARD		
THE ORGANIZATION USES THE FOLLOWING METHOD	S TO ESTABLISH THE COMPENSATION	
OF THE ORGANIZATION'S KEY EMPLOYEES.		
- COMPENSATION SURVEY OR STUDY		
- USE OF DATA AS TO COMPARABLE COMPENSATIO	N FOR SIMILARLY QUALIFIED PERSONS	
IN FUNCTIONALLY COMPARABLE POSITIONS		
- APPROVAL OF EXECUTIVE DIRECTOR AND CHIEF	FINANCIAL OFFICER	
FORM 990, PART VI, SECTION C, LINE 19:		
THE ORGANIZATION MAKES ITS GOVERNING DOCUM	ENTS, CONFLICT OF INTEREST	
POLICY, AND FINANCIAL STATEMENTS AVAILABLE	TO THE PUBLIC UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:		
HUMAN RESOURCE FEES:		
PROGRAM SERVICE EXPENSES	51,775.	
MANAGEMENT AND GENERAL EXPENSES	9,574.	
FUNDRAISING EXPENSES	6,052.	
TOTAL EXPENSES	67,401.	
OTHER CONTRACTORS:		
PROGRAM SERVICE EXPENSES	364,191.	
MANAGEMENT AND GENERAL EXPENSES	66,216.	
FUNDRAISING EXPENSES	82,568.	
FOTAL EXPENSES	512,975.	
132212 11-11-21	40	Schedule O (Form 990) 20
60508 701245 126388.1	40 2021.05080 SOBRATO EARI	LY ACADEMIC LA 1263

23060508 701245 126388.1

Schedule O (Form 990) 2021

2021.05080 SOBRATO EARLY ACADEMIC LA 126388.1

Page **2**

Schedule O (Form 990) 2021 Name of the organization SOBRATO EARLY ACADEMIC LANGUAGE PI	ROGRAM	Page Employer identification number 82-1426126
PROGRAM CONTRACTORS:		
PROGRAM SERVICE EXPENSES	259,495.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES		
TOTAL EXPENSES		
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	839,871.	
122212 11 11 21		Schedule O (Form 990) 202
¹³²²¹² 11-11-21 60508 701245 126388.1 202	41 21 05080 GOBDATO EA	RLY ACADEMIC LA 1263